

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD044696102	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address CAL-AIR CONDITIONING SERVICE 12484 E. Whittier Blvd., Whittier, Ca. 90602			A. Manifest Document Number 84720073		B. State Generator's ID CAD044696102	
4. Generator's Phone ( 213 ) 698-9724		5. Transporter 1 Company Name CAL-AIR CONDITIONING SERVICE		6. US EPA ID Number CAD044696102		C. State Transporter's ID
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-9724		E. State Transporter's ID
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. Whittier, Ca. 90602		10. US EPA ID Number CAD042245001		F. Transporter's Phone		G. State Facility's ID XXXXXXXXXX CAD042245001
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	
a. Hazardous WASTE Liquid N.O.S, NA 9189 (K-II) ORM-E		7 DM			DM	211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name			Signature		Date Month Day Year	
					. . .	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name X T.R. FOSTER			Signature T.R. Foster		Date Month Day Year 2/10/86	
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name X T.R. FOSTER			Signature T.R. Foster		Date Month Day Year 2/10/86	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name N. JAY Solomon			Signature N. Jay Solomon		Date Month Day Year 10/21/86	